

ECS Configuration Change Request

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CCR No. 97-0078	Logged Date 1/21/97	Rev. -	Request Type CCR
Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release		Change Class
Title (description) Modify F-FUI-01335 Clarification Text			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem NCR #4361 was written against requirement F-FUI-01335 (item c) because some of the FUI windows cannot be resized. During implementation, FUI was determined that it would not make sense for some tools and windows to be resized by the user.			
Proposed Solution Add additional clarification text for requirement F-FUI-01335, item c.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
Cost: None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator Carol Chachulski _____ Signature _____ Date _____			
Office FOS _____ Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			